

Work Order ID 91892

91892

Page 1

October-19-12 1:05:52 PM

Item ID: D3018-1 Accept ***N900040100*** Setup Start ***NS1***
Revision ID: Stop ***NS2***
Item Name: Seat Cushion
Start Date: 10/18/12 Start Qty: 4.00 ***4*** Cust Item ID:
Required Date: 11/09/12 Req'd Qty: 4.00 ***4*** Customer:
Reference:

Approvals: Process Plan: MLJ Date: 12-10-22 Tooling: _____ Date: _____ Run Start ***NR1***
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
D3018	B

100 0.00
100 PURCHASING
Purchasing Memo 0.00
Purchasing Issue P/O: 18212
Possible supplier: Chestnut Ridge Airflex fire-resistant aircraft cushioning
Order: Grade 55.65 (colour orange), Density 3.6lb/ft³
Material must meet FAR 27.853(a) or 25.853(a)
Part is symmetric about centerline-All dimensions

12-10-23

110 0.00
110 Packaging
Packaging Memo 0.00
Packaging Ensure Material Release Note is attached

12/11/12 (4)

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other		

Work Order ID 91892***91892***

Page 2

October-19-12 1:05:52 PM

Item ID: D3018-1

Accept

N900040100Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Seat Cushion

Start Date: 10/18/12 Start Qty: 4.00

4

Cust Item ID:

Required Date: 11/09/12 Req'd Qty: 4.00

4

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start ***NR1***

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

120

QC6- Inspect dimensions to drawing

0.00

120

QC

Memo

0.00

Quality Control

*****REMOVE "CHESTNUT FOAM" LABEL AND ATTACH TO WORK
ORDER FOR TRACEABILITY*****

130

Identify as per dwg & Stock Location: **514225** 0.00***130***

Packaging

Memo

0.00

Packaging

140

QC21- Final Inspection - Work Order Release

0.00

140

QC

Memo

0.00

Quality Control

(DAS 16 2-8) 12/11/12

(M)

4/1

80
12-11-12

12/11/13


ME
12-11-13

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
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Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY				
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

Picklist Print

October-19-12 1:05:52 PM

Page 1

Work Order ID: 91892

Parent Item: D3018-1

Parent Item Name: Seat Cushion

Start Date: 10/18/12

Required Date: 11/09/12

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP: B01.06.08Removed acid etch & alodine EC
NCR 11-588 DD VERF:EC

IPP REV:C 11.08.08 added note per

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D3018-1P Seat Cushion		Purchased	No			110	Each	0.0000	1	4		12/11/12	(4)

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

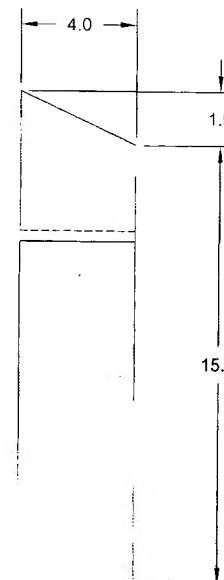
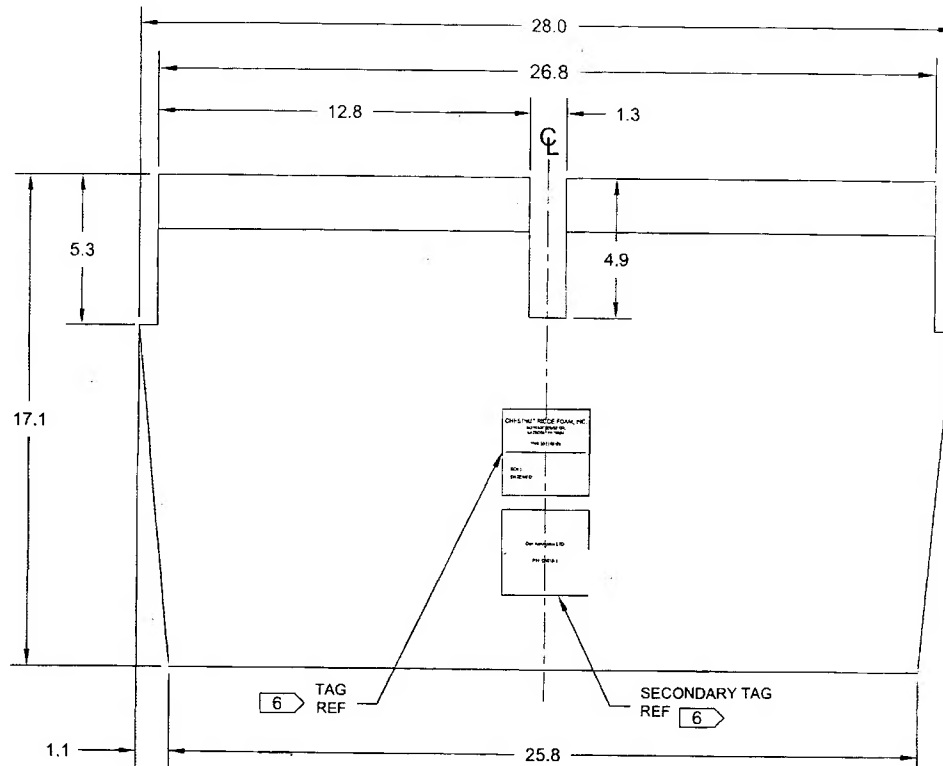
DQA: _____ Date: _____

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Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
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SPECIFICATION CONTROL DRAWING

TABLE 1					
THICKNESS/ HEIGHT	TOLERANCE		LENGTH/ DEPTH	TOLERANCE	
	(+)	(-)		(+)	(-)
0.0 - 0.50	0.05	0.05	0.00 - 6.00	0.06	0.06
0.51 - 1.00	0.13	0.05	6.01 - 12.00	0.13	0.13
1.01 - 3.00	0.13	0.05	12.01 - 24.00	0.25	0.25
3.01 +	0.19	0.13	24.01 +	0.50	0.38



SHOP COPY
RETURN TO
ENGINEERING
UNCONTROLLED COPY
SUBJECT TO AMENDMENT
WITHOUT NOTICE
WORK ORDER
NO 91892 MJS
12-10-22

RELEASED
2011-05-10

D3018-1 SEAT CUSHION

NOTES:

- 1) MATERIAL: MUST MEET FAR 27.853(a) OR 25.853(a)
AIRFLEX FIRE-RESISTANT AIRCRAFT CUSHIONING
GRADE 55-65 (COLOUR ORANGE)
DENSITY 3.6 lb/ft³
- 2) FINISH: NONE
- 3) TOLERANCES: PER TABLE 1
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A

- 6) IDENTIFICATION: TAG(S), BURNED, TO SHOW THE FOLLOWING AT MINIMUM:
CHESTNUT RIDGE FOAM, INC.
443 WAREHOUSE DR.
LATROBE, PA 15650
SO#
DATE MFD:
DART AEROSPACE LTD, P/N D3018-1
- 7) PART IS SYMMETRICAL ABOUT CENTERLINE
- 8) MAKE PER TEMPLATE
- 9) POSSIBLE SUPPLIER: CHESTNUT RIDGE P/N 502148-99

B	UPDATE TO CURRENT STD; DRAWING REVISED	MB	11.05.10
A	NEW ISSUE	CP	01.05.18
REV.	DESCRIPTION	BY	DATE
DESIGN			
DRAWN			
CHECKED			
MFG. APPR.			
APPROVED			
DE APPR.			
DATE	11.05.10		

DART AEROSPACE LTD
HAWKESBURY, ONTARIO, CANADA

DRAWING NO. D3018
SHEET 1 OF 1

TITLE SEAT CUSHION
SCALE NTS

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Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID **PO18212**

Purchase Order Date 10/23/2012

PO Print Date 10/23/2012

Page Number 1 of 1

Order From :

VU-CHE001

CHESTNUT RIDGE FOAM, INC.
PO BOX 6015
HERMITAGE, PA 16148
US

Contact Name

Vendor Phone

724 537 9000

Vendor Fax

724 537 9003

Vendor Account Nbr

Buyer

Brigitte Golden

Requisition Nbr

Tax Resale Nbr

10127-2607

Terms

Net 30

Currency

USD

FOB

Destination-Collect

Ship To :

DART AEROSPACE LTD

1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

PAID
10/23/12

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	D3019-1P	Back cushion	11/9/2012 Yes	4.00 Each	FedEx PI collect	\$44.4200	\$177.68
		Special Inst:	Specification per DWG: D3019 Rev: B B91911				
2	D3018-1P	Seat Cushion	11/9/2012 Yes	4.00 Each	FedEx PI collect	\$57.6200	\$230.48
		Special Inst:	Specification per DWG: D3018 Rev: B B91892				
PO Total:							\$408.16

CERTIFICATE OF CONFORMITY
REQ'D UPON DELIVERY

Change Nbr: 1

Change Date: 10/23/2012

No substitution or deviation without
consent.
Certificate of Conformity or Material
Certification required - YES NO



"URGENT! FLAMMABILITY CERTIFICATION
ENCLOSED. PLEASE FORWARD TO
PURCHASING. DO NOT THROW AWAY!"

Certificate of Conformance

SOLD TO:

Dart Aerospace
1270 Aberdeen Street
Hawkesbury
Ontario Canada K6A1K7

PURCHASE ORDER:

PO18212

SALES ORDER:

45651

DATE SHIPPED:

11/07/12

***I certify that the individual components comprising the part shipped
against the above-referenced purchase order meets the following
requirements:***

14 CFR 25.853(a), APPENDIX F, PART 1(a)(1)(ii), AMENDMENT 25-116

Quantity	Customer Part Number	Part Number	Material	Batch Number
4	D3019-1P	601988-99	AIRFLEX 30/40	AF12040
4	D3018-1P	502148-99	AIRFLEX 55/65	AF12043

MADE IN THE U.S.A

Diane Ryan

Digitally signed by Diane Ryan
DN: cn=Diane Ryan, o=Chestnut Ridge Foam,
Inc., ou=Quality Assurance Inspector,
email=crfqc@chestnutridgefoam.com, c=US
Date: 2012.11.07 08:24:11 -05'00'

❖ P.O. Box 781
❖ 443 Warehouse Drive

Latrobe, PA 15650

Phone 724-537-9000
Fax 724-537-9003

CHESTNUT RIDGE FOAM INC.
VERTICAL BURN TEST # 14634
12-SECOND VERTICAL BUNSEN BURNER TEST
FOR CABIN AND CARGO COMPARTMENT MATERIALS
SHOWING COMPLIANCE TO THE REQUIREMENTS OF 14 CFR 25.853

PRODUCT : CR AIRFLEX
BATCH / LOT NO : AF12040
CUSTOMER : PRODUCTION
P.O. NO :
OTHER IDENTIFICATION : AFX 30-40

TEST BEING RUN : VERTICAL BUNSEN BURNER TEST: 12 SECOND IGNITION TIME

MEETS REQUIRED MINIMUM FLAME TEMPERATURE OF 1550°F : YES

MATERIAL COMPOSITION : AIRFLEX

MATERIAL PATTERN : NA

MATERIAL COLOR : GREEN

CONDITIONING STARTED : DATE : 9-13-12
TIME : 10:00 AM

TEST STARTED : DATE : 9-14-12
TIME : 11:00 AM

RESULTS :

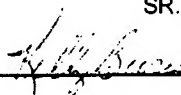
	FLAME TIME (SECONDS)	DRIPPINGS (SECONDS)	BURN LENGTH (INCHES)
#1.	0.0	0.0	3.3
#2.	0.0	0.0	3.3
#3.	0.0	0.0	3.4
AVG.	0.0	0.0	3.3

PASS : X FAIL :

COMMENTS :

THIS MATERIAL MEETS THE REQUIREMENTS OF THE 14 CFR, PART 25, SECTION 25.853,
PARAGRAPH (a) AND APPENDIX F, PART 1, (a), (1), (ii).

TESTED BY : KELLY BURES
SR. LAB TECHNICIAN



CHESTNUT RIDGE FOAM INC.
VERTICAL BURN TEST # 14663
12-SECOND VERTICAL BUNSEN BURNER TEST
FOR CABIN AND CARGO COMPARTMENT MATERIALS
SHOWING COMPLIANCE TO THE REQUIREMENTS OF 14 CFR 25.853

PRODUCT : CR AIRFLEX
BATCH / LOT NO : AF12043
CUSTOMER : PRODUCTION
P.O. NO :

OTHER IDENTIFICATION : AFX 55-65

8/2/12

TEST BEING RUN : VERTICAL BUNSEN BURNER TEST: 12 SECOND IGNITION TIME

MEETS REQUIRED MINIMUM FLAME TEMPERATURE OF 1550°F : YES

MATERIAL COMPOSITION : AIRFLEX

MATERIAL PATTERN : NA

MATERIAL COLOR : ORANGE

CONDITIONING STARTED : DATE : 10-1-12
TIME : 9:30 AM

TEST STARTED : DATE : 10-2-12
TIME : 10:25 AM

RESULTS :

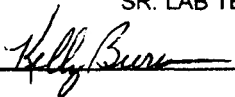
	FLAME TIME (SECONDS)	DRIPPINGS (SECONDS)	BURN LENGTH (INCHES)
#1.	0.0	0.0	4.8
#2.	0.0	0.0	4.7
#3.	0.0	0.0	4.9
AVG.	0.0	0.0	4.8

PASS : X FAIL :

COMMENTS :

THIS MATERIAL MEETS THE REQUIREMENTS OF THE 14 CFR, PART 25, SECTION 25.853,
PARAGRAPH (a) AND APPENDIX F, PART 1, (a), (1), (ii).

TESTED BY : KELLY BURES
SR. LAB TECHNICIAN



CHESTNUT RIDGE FOAM INC.
VERTICAL BURN TEST # 14546
12-SECOND VERTICAL BUNSEN BURNER TEST
FOR CABIN AND CARGO COMPARTMENT MATERIALS
 SHOWING COMPLIANCE TO THE REQUIREMENTS OF 14 CFR 25.853

PRODUCT FR 4440 FABRIC
 BATCH / LOT NO.: 8633
 CUSTOMER PRODUCTION
 P.O. NO.
 OTHER IDENTIFICATION: SUPPLIED BY: HANES CONVERTING CO. OF CONOVER, NC
 ON INVOICE #62-117735

TEST BEING RUN: VERTICAL BUNSEN BURNER TEST: 12 SECOND IGNITION TIME
 MEETS REQUIRED MINIMUM FLAME TEMPERATURE OF 1550°F: YES

MATERIAL COMPOSITION: NA

MATERIAL PATTERN: WOVEN

MATERIAL COLOR: TAN

CONDITIONING STARTED: DATE: 7-5-12
 TIME: 10:00 AM

TEST STARTED: DATE: 7-6-12
 TIME: 11:45 AM

RESULTS:			FLAME TIME (SECONDS)		DRIPPINGS (SECONDS)		BURN LENGTH (INCHES)	
	WARP	FILL	WARP	FILL	WARP	FILL	WARP	FILL
#1.	0.0	0.0	0.0	0.0	3.4	3.6		
#2.	0.0	0.0	0.0	0.0	3.6	3.5		
#3.	0.0	0.0	0.0	0.0	3.5	3.5		
AVG.	0.0	0.0	0.0	0.0	3.5	3.5		

PASS X FAIL

COMMENTS

THIS MATERIAL MEETS THE REQUIREMENTS OF THE 14 CFR, PART 25, SECTION 25.853, PARAGRAPH (a) AND APPENDIX F, PART 1, (a), (1), (II).

TESTED BY: KELLY BURES
 SR. LAB TECHNICIAN

CORPORATE OFFICE
 500 N. McLin Creek Rd.
 P. O. BOX 457
 CONOVER, NC 28613-0457
 PHONE (828) 464-4673
 FAX (828) 464-0459

HANES
engineered materials
 a Leggett & Platt COMPANY

INVOICE

PLEASE REMIT TO:
 HANES ENGINEERED MATERIALS
 L&P FINANCIAL SERVICES CO.
 P O BOX 60984
 CHARLOTTE, NC 28260

SOLD TO
 CHESTNUT RIDGE FOAM
 ROUTE 981 NORTH
 PO BOX 781
 LA TROBE, PA 15650

SHIP TO
 CHESTNUT RIDGE FOAM
 ROUTE 981 NORTH
 PO BOX 781
 LA TROBE, PA 15650

INVOICE NUMBER 62-117735	INVOICE DATE 6/29/2012	TERMS NET 30	CARRIER USF HOLLAND INC	ROUTING	PPD/COT C
CUSTOMER NO. 15985	CUSTOMER ORDER NO. 30402	SLS. MGR./SLSMAN 65 452	ORDER DATE 6/26/2012	CONOVER, NC	
			DAY8	BILL OF LADING S/L 88771	RELEASE # 010 66095
PRODUCT NO. 30333	WIDTH 40.000	DIM-2	DESCRIPTION TICKING FR 4440	PUTUP 250 RL CC 2T	QUANTITY LN
			CERTIFICATION: THE SELLER DOES NOT CERTIFY, EITHER IMPLICITLY OR EXPLICITLY, THESE PRODUCTS TO MEET THE REQUIREMENTS OF ANY REGULATORY AGENCY OR SPECIFICATION EXCEPT AS MAY BE CERTIFIED ABOVE OR UNDER SEPARATE WRITTEN CERTIFICATION. ALL TRANSACTIONS ARE SUBJECT TO THE CONDITIONS ON THE REVERSE SIDE OF THIS INVOICE.		
			USF HOLLAND INC PRO# 10135770954		
			JUL 05 2012		

15985

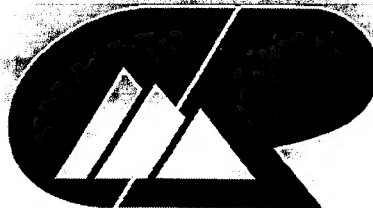
ORIGINAL

842 THE LAWS OF THE STATE OF NORTH CAROLINA SHALL GOVERN THIS TRANSACTION. A LATE PAYMENT CHARGE AT A PER ANNUM RATE EQUAL TO THE PRIME RATE OF THE CHASE MANHATTAN BANK, N.A. IN EFFECT ON THE FIRST DAY OF EACH MONTH PLUS 5% OR 18% PER ANNUM WHICHEVER RATE IS HIGHER, WILL BE IMPOSED ON THE FIRST OF EACH MONTH ON ALL PAST DUE INVOICES PAID DURING THE MONTH.

TOTAL INVOICE
 AMOUNT

Chestnut Ridge Foam, Inc.
443 Warehouse Drive
P.O. Box 781
Latrobe PA 15650

Phone: 724-537-9000
Fax: 724-537-9003



Packing Slip: 57517

PACKING SLIP

Page: 1

Ship To:

Fed Exp #1517-9324-0
Dart Aerospace Ltd.
1270 Aberdeen Street
Tel: 613-632-3336
Hawkesbury ONTARIO, CANADA K6A 1K7

Sold To:

Bridgette Golden
Dart Aerospace Ltd.
1270 Aberdeen Street
Tel: 613-632-3336
Hawkesbury ONTARIO, CANADA K6A 1K7

PO: PO18212

Ship Via: Fed Exp Int P1

FOB: Origin

Ship Date: 11/7/2012

SO: 45651

Sales Person: Aircraft

*Certificate of Conformity that all components comply with 14CFR 25.853(a) 12 Second Vertical
Burn with Shipment*

Line	Planned Qty	Shipped Qty	Backorder	Part Number	Revision
1	4.00EA	4.00	0.00	D3019-1P	
				Description: AIRFLEX Back Cushion	
				Our Part: 601988-99	
2	4.00EA	4.00	0.00	D3018-1P	
				Description: AIRFLEX Bottom Cushion	
				Our Part: 502148-99	

CONTACT CHESTNUT RIDGE FOAM IF THERE IS DAMAGE OR DISCREPANCIES 724-537-9000